

# Guide to completing a claim form

If the claim is for a new condition, please complete **ALL** sections and fields and provide the horse's **FULL** clinical history.

For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the green shaded boxes.

**2** Remember to enter your policy number. Without this we cannot process your claim.

**3** Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

**4** Complete your horse's details.

**5** So that we have a complete picture of your horse's history, please let us have the details of any other veterinary practice where your horse has been registered.

**6** Please tell us which policy benefit you would like to claim for.

**7** Make sure you tell us the **exact** date you first noticed the illness or injury, and what you were doing when the problem was first noticed.

**8** Make sure you include details of normal shoeing costs.

**1** Indicate here whether this is a new condition or a continuation.

**2** Remember to enter your policy number. Without this we cannot process your claim.

**3** Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

**4** Complete your horse's details.

**5** So that we have a complete picture of your horse's history, please let us have the details of any other veterinary practice where your horse has been registered.

**6** Please tell us which policy benefit you would like to claim for.

**7** Make sure you tell us the **exact** date you first noticed the illness or injury, and what you were doing when the problem was first noticed.

**8** Make sure you include details of normal shoeing costs.

**PLEASE TURN OVER TO CONTINUE**

## Have you...

Indicated if this is a new condition or a continuation?.....☒

Completed **ALL** sections, including all green shaded boxes if your claim is for a new condition?.....☒

Completed **ALL** green shaded boxes if your claim is a continuation?.....☒

Included a **FULL** clinical history for your claim?.....☒

Included your policy number?.....☒

Told us when you first noticed the problem and what the horse was doing at the time.....☒

9 Don't forget to choose one payment option and sign that section.

10 Pass to your vet to complete sections 6 - 10

11 If relevant, please give details of the practice that referred the case to you. This will prevent confusion and delay.

13 Please tell us how many feet are affected, otherwise the claim will be delayed

14 Attach a detailed invoice from your practice. If you want to make notes please use a pen and not a highlighter as they will not show up on copied documents.

16 Complete all details in full. Email is quicker than post if we need to get in touch.

**5. Policyholder to complete**

**DECLARATION**

By signing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all the information relating to my horse. I also confirm I have checked the information on this form and that it is correct to the best of my knowledge.

**PLEASE COMPLETE ONE OF THE FOLLOWING**

☐ A. Pay the vet direct - please tick  
I/We have checked with the vet and would like this claim paid directly to them

Practice name \_\_\_\_\_

or

☐ B. Pay policyholder(s) - please tick one of the options below

☐ Electronic payment Ensure you have given us your email address in section 2 above and your claim shall be paid into the bank account your premium is collected from.

☐ Cheque I/We wish the claim to be paid to the policyholder(s) named on the Certificate of Insurance

I also agree that Petplan may contact my previous insurance company and obtain information that they require in order to process my claim.

**If there are two policy holders shown on the certificate of insurance each one must sign**

Your signature *X* \_\_\_\_\_ Date / /

Print name \_\_\_\_\_

Your signature *X* \_\_\_\_\_ Date / /

Print name \_\_\_\_\_

**TO BE COMPLETED BY THE ATTENDING VET IF THIS IS THE FIRST CLAIM FOR THIS HORSE, PLEASE SUBMIT A FULL CLINICAL HISTORY**

**New Condition - Complete ALL sections clearly and in full.**  
Please note, if you are both the policyholder and veterinary staff, then another member of the practice should complete the sections below.

**6. Vet to complete**

**ABOUT ILLNESS OR INJURY**

Diagnosis of the illness or injury.  
(or please give the clinical signs if you have not yet made a diagnosis).  
Please indicate the exact area(s) affected \_\_\_\_\_

Has this horse been referred to you by another practice?  
Yes ☐ No ☐ If YES, please provide the name of the practice and a copy of the referral report \_\_\_\_\_

Have you sent us a claim form for this illness or injury before?  
Yes ☐ No ☐ If YES, please go to section 7

When did this illness or injury first begin?  
(as noted by you, by the client or on the horse's record) \_\_\_\_\_ Date / /

If the horse has been seen before for:  
• this illness or injury  
• any similar or related illness or injury : or,  
• any similar or related clinical signs  
please give us the history with the dates \_\_\_\_\_

Is the illness or injury being claimed for related to this history?  
Yes ☐ No ☐

**7. Vet to complete**

**COMPLEMENTARY TREATMENT**

Did you recommend any complementary treatment?  
Yes ☐ No ☐ If YES, please detail the treatment recommended \_\_\_\_\_

**8. Vet to complete**

**TREATMENT DATES**

First and last date of treatment being claimed for  
(any invoices outside these dates will be rejected as non-endorsed)

First / / Last / /

If the horse requires remedial farriery please advise how many feet this is for  
Please provide details: \_\_\_\_\_

**9. Vet to complete**

**FOR DEATH CLAIMS ONLY**

Please provide a detailed written report regarding the illness or injury.

Did the horse die? ☐ Or was the horse euthanased? ☐

Was a post mortem carried out?  
Yes ☐ No ☐ If YES, please provide a copy of the report on headed paper  
If NO, please provide details why no post mortem was done \_\_\_\_\_

If the horse was euthanased did the condition meet the guidelines set by BEVA for immediate destruction? Yes ☐ No ☐

**10. Vet to complete**

**DECLARATION**

I have checked the information on this claim form and as far as I know it is correct

The fees I have charged are no higher than my normal fees

I will provide the client with a copy of this form and the invoices claimed for

Name \_\_\_\_\_

Position in Practice \_\_\_\_\_

Petplan Practice Number \_\_\_\_\_

Email address \_\_\_\_\_

Vet stamp \_\_\_\_\_

Signature *X* \_\_\_\_\_ Date / /

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM**

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12 Please be sure to include the exact date the condition was first noted and if the horse has been treated for this or something similar previously.

15 In the event the horse had to be put to sleep or passed away, please be sure to complete section 9 in full to prevent any premiums being collected in the future or delays to the claims.

17 Always sign, date and stamp the form - we cannot process unsigned or unstamped forms.

## Final check; have you...

- Completed **ALL** sections and fields, including the green shaded boxes if the claim is for a new condition? ☒
- Completed **ALL** green shaded boxes if the claim is a continuation? ☒
- Enclosed original invoices to support the claim, plus a **FULL** clinical history? ☒
- Chosen a payment option? ☒

- Signed section 5 of the form? ☒
- Completed section 10 with signature, date and practice stamp? ☒

Please note, if you are both the policyholder and veterinary staff then another member of the practice should complete sections 7, 8, 9 and 10.